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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1: Identify Yourself			
	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
Your full name			
Write the name that is on	Jasmine	_	
picture identification (for example, your driver's license or passport). Bring your picture	First name		First name
	Middle name		Middle name
	Castro	_	
meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years			
Include your married or maiden names.			
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4463		
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Jasmine First name Castro Last name and Suffix (Sr., Jr., II, III) xxxx-xx-4463	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Castro Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number XXX-XX-4463

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Case number (if known)

Debtor 1 Jasmine Castro

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.		About Debtor 2 (Spouse Only in a Joint Case):	
				☐ I have not used any business name or EINs.	
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	-	EINs	
5.	Where you live	2 S. 670 Route 59 Unit B5		If Debtor 2 lives at a different address:	
		Warrenville, IL 60555 Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code	
		DuPage			
		County	-	County	
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.	
		Number, P.O. Box, Street, City, State & ZIP Code	_	Number, P.O. Box, Street, City, State & ZIP Code	
6.	Why you are choosing this district to file for	Check one:		Check one:	
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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Document Case number (if known) Debtor 1 Jasmine Castro

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7					
	choosing to file under						
		☐ Cha	apter 11				
		☐ Cha	apter 12				
		☐ Cha	apter 13				
В.	How you will pay the fee		about how you	may pay. Typically, if you are paying the feettorney is submitting your payment on your b	neck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money ehalf, your attorney may pay with a credit card or check with		
					ption, sign and attach the Application for Individuals to Pay		
			request that out is not requ	red to, waive your fee, and may do so only if	tion only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that		
					e in installments). If you choose this option, you must fill out official Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the last 8 years?	■ No.					
	,,,,,,	00	District	When	Case number		
			District	When	Case number		
			District	When	Case number		
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes					
			Debtor		Relationship to you		
			District	When	Case number, if known		
			Debtor		Relationship to you		
			District	When	Case number, if known		
l1.	Do you rent your residence?	■ No.	Go to li	e 12.			
	residence:	☐ Yes	. Has you	r landlord obtained an eviction judgment aga	inst you and do you want to stay in your residence?		
				lo. Go to line 12.			

Document Page 4 of 58 Case number (if known) Debtor 1 **Jasmine Castro** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Jasmine Castro Document Page 5 of 58

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 58 Case number (if known) Debtor 1 **Jasmine Castro** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jasmine Castro Signature of Debtor 2 **Jasmine Castro** Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on February 28, 2017

MM / DD / YYYY

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Debtor 1 Jasmine Castro Page 7 of 58 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James	M. Allen	Date	February 28, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
James M.	Allen		
Printed name			
James M.	Allen		
Firm name			
800 East N	lorthwest Highway		
Suite 700			
Palatine, II	L 60074		
Number, Street,	City, State & ZIP Code		
Contact phone	847-359-4446	Email address	JamesAttyAllen@sbcglobal.net
6182652			
Bar number & St	tate		

ebtor 1	Jasmine Castro		
	First Name	Middle Name	Last Name
Debtor 2			
Spouse if, filing)	First Name	Middle Name	Last Name
Jnited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS
Case number			
f known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	11: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	3,100.46
	1c. Copy line 63, Total of all property on Schedule A/B	\$	3,100.46
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	63,683.39
	Your total liabilities	\$	63,683.39
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,746.08
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,681.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "141 U.S.C. \$ 101(0). Fill out lines 8.00 for statistical purposes 28 U.S.C. \$ 150	a personal,	, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

Debtor 1 Jasmine Castro Document Page 9 of 58
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,108.24

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

		Document	Page 10 of 58	
Fill in this inform	mation to identify you	r case and this filing:		
Debtor 1	Jasmine Castro			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS	
C				
Case number _				☐ Check if this is an
				amended filing
Official Fo	rm 106A/B			
Schedul	e A/B: Proj	nertv		12/15
			e. If an asset fits in more than one category, list the	
think it fits best. B	Be as complete and accur re space is needed, attac	ate as possible. If two married p	eople are filing together, both are equally responsib On the top of any additional pages, write your name	le for supplying correct
Part 1: Describe	Each Residence, Buildir	g, Land, or Other Real Estate Yo	ou Own or Have an Interest In	
1. Do you own or h	have any legal or equitab	le interest in any residence, buil	ding, land, or similar property?	
No. Go to Par	rt 2.			
☐ Yes. Where is	is the property?			
Part 2: Describe	Your Vehicles			
			es, whether they are registered or not? Includ G: Executory Contracts and Unexpired Leases.	e any vehicles you own that
3. Cars, vans, tr	ucks, tractors, sport u	itility vehicles, motorcycles		
■ No				
■ No □ Yes				
□ res				
			vehicles, other vehicles, and accessories s, snowmobiles, motorcycle accessories	
■ No				
☐ Yes				
— 103				
5 Add the dolla	ar value of the portion	you own for all of your entri	es from Part 2, including any entries for	***
.pages you ha	ave attached for Part 2	2. Write that number here		\$0.00
	Your Personal and Hou			
Do you own or I	have any legal or equi	table interest in any of the fo	ollowing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	nade and furnishings			
6. Household go		- Danie skies Chakaaaa		
Examples: Ma		e, linens, china, kitchenware		
Examples: Ma □ No	ajor appliances, furnitur	e, linens, china, kitchenware		
Examples: Ma	ajor appliances, furnitur	e, linens, china, kitchenware		
Examples: Ma □ No	ajor appliances, furnitur	e, linens, china, kitchenware om set, beds, dressers, la	mps, etc	\$800.00

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

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Debtor 1	Jasmine Castro		Document	Page 11 of 58 Case number (if k	nown)	
	2 plasm	na TV				\$200.0

8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$120.00 Clothes and shoes for debtor and children Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.120.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Cash

\$30.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Debtor 1		Document Page 12 of 58 Case number (if known)	Desc Main
■ Ye	·S	Institution name:	
	17.1.	Security Deposit with landlord	\$1,900.0
	•	stocks ts with brokerage firms, money market accounts	
☐ Ye	s Institution	or issuer name:	
	t venture	in incorporated and unincorporated businesses, including an interes	st in an LLC, partnership, an
	es. Give specific information about ther Name of entity		
Neg Non	notiable instruments include personal ch n-negotiable instruments are those you	ther negotiable and non-negotiable instruments necks, cashiers' checks, promissory notes, and money orders. cannot transfer to someone by signing or delivering them.	
■ No	ous. Give specific information about them Issuer name:	1	
Exa ■ No)	, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing	plans
☐ Ye	s. List each account separately. Type of account:	: Institution name:	
You <i>Exa</i>	mples: Agreements with landlords, prepared	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications compa	nies, or others
■ No □ Ye	ss	Institution name or individual:	
23. Ann	uities (A contract for a periodic paymer	nt of money to you, either for life or for a number of years)	
■ No	lssuer name and desc	cription.	
26 U.	S.C. §§ 530(b)(1), 529A(b), and 529(b)	unt in a qualified ABLE program, or under a qualified state tuition pro (1).	ogram.
■ No		description. Separately file the records of any interests.11 U.S.C. § 521(c)):
25. Trus		operty (other than anything listed in line 1), and rights or powers ex-	ercisable for your benefit
☐ Ye	s. Give specific information about ther	n	
	mples: Internet domain names, website	ecrets, and other intellectual property es, proceeds from royalties and licensing agreements	
	s. Give specific information about ther	n	
		intangibles nses, cooperative association holdings, liquor licenses, professional licens	ses
	s. Give specific information about ther	n	
Money	or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
			2.20 0. 0omptiono.

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1	Jasmine Castro	Document	Page 13 of 58 Case number (if known)	
28. Tax ı	refunds owed to you			
■ No □ Ye		m, including whether you alr	eady filed the returns and the tax years	
Exai ■ No	ly support mples: Past due or lump sum alimony s. Give specific information	, spousal support, child supp	port, maintenance, divorce settlement, property	r settlement
30. Othe Exal	r amounts someone owes you nples: Unpaid wages, disability insura benefits; unpaid loans you ma		nefits, sick pay, vacation pay, workers' compe	nsation, Social Security
31. Inter	s. Give specific information ests in insurance policies mples: Health, disability, or life insurar	nce; health savings account	(HSA); credit, homeowner's, or renter's insura	nce
■ No	s. Name the insurance company of ea Company na	ach policy and list its value.	Beneficiary:	Surrender or refund value:
If yo som ■ No	interest in property that is due you u are the beneficiary of a living trust, e eone has died. s. Give specific information		ed nsurance policy, or are currently entitled to rec	eive property because
Exa ■ No	ns against third parties, whether or mples: Accidents, employment disputes. Describe each claim			
■ No	r contingent and unliquidated clain s. Describe each claim	ns of every nature, includi	ng counterclaims of the debtor and rights to	o set off claims
□ No	financial assets you did not already s. Give specific information	/ list		
	Cł	necking account with Fi	fth Third Bank	\$50.00
	Sa	vings account with Fift	h Third Bank	\$0.46
	d the dollar value of all of your entr Part 4. Write that number here		any entries for pages you have attached	\$1,980.46
Part 5:	Describe Any Business-Related Property	/ You Own or Have an Interest	In. List any real estate in Part 1.	
■ No.	u own or have any legal or equitable into Go to Part 6. Go to line 38.	erest in any business-related	property?	

Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) Document Debtor 1 **Jasmine Castro** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,120.00 Part 4: Total financial assets, line 36 \$1,980.46 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$3,100.46 Copy personal property total \$3,100.46

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$3,100.46

		1700.111110.	III FAUE IJ UI J	()	
Fill in this infor	mation to identify your	case:			
Debtor 1	Jasmine Castro				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					heck if this is an
				a	mended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
living room set, beds, dressers, lamps, etc	\$800.00		\$800.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
2 plasma TV Line from Schedule A/B: 7.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Line from Schedule A/D. 1.1			100% of fair market value, up to any applicable statutory limit	
Clothes and shoes for debtor and children	\$120.00		\$120.00	735 ILCS 5/12-1001(a)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$30.00		\$30.00	735 ILCS 5/12-1001(b)
Ellie Hoff Governo 772.			100% of fair market value, up to any applicable statutory limit	
Security Deposit with landlord	\$1,900.00		\$1,900.00	735 ILCS 5/12-1001(b)
Ellic Hori Goricadic A/D. 1111			100% of fair market value, up to any applicable statutory limit	

Filed 02/28/17 Entered 02/28/17 17:53:45 Document Page 16 of 58 Debtor 1 Jasmine Castro Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking account with Fifth Third** 735 ILCS 5/12-1001(b) \$50.00 \$50.00 **Bank** Line from Schedule A/B: 35.1 100% of fair market value, up to any applicable statutory limit Savings account with Fifth Third 735 ILCS 5/12-1001(b) \$0.46 \$0.46 **Bank** Line from Schedule A/B: 35.2 100% of fair market value, up to any applicable statutory limit (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

3.	Are you	claiming a	ı homestea	d exempt	ion of m	ore than \$	3160,375?

Doc 1

Case 17-06003

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - No
 - Yes

Desc Main

Fill in this infor				
Debtor 1	Jasmine Castro			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an
				amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

	0430 17 00000 12	Document	Page 18 of 58	JCSO Main
Fill in	this information to identify your c			
Debto	or 1 Jasmine Castro			
Dobio	First Name	Middle Name	Last Name	
Debto				
(Spouse	e if, filing) First Name	Middle Name	Last Name	
United	d States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS	
Case	number			
(if know	n)		Г	☐ Check if this is an
				amended filing
Offic	ial Form 106E/F			
	edule E/F: Creditors W	ho Have Unsecured	Claims	12/15
			Y claims and Part 2 for creditors with NONPRIORITY	
Schedu Schedu left. Att	ale G: Executory Contracts and Unexpi ale D: Creditors Who Have Claims Secu ach the Continuation Page to this page and case number (if known).	red Leases (Official Form 106G). D ired by Property. If more space is r e. If you have no information to rep	st executory contracts on Schedule A/B: Property (Coon on the include any creditors with partially secured classed, copy the Part you need, fill it out, number the port in a Part, do not file that Part. On the top of any a	aims that are listed in e entries in the boxes on the
Part 1	List All of Your PRIORITY Uns	secured Claims		
	o any creditors have priority unsecured	I claims against you?		
	No. Go to Part 2.			
	Yes.			
Part 2	List All of Your NONPRIORITY	Y Unsecured Claims		
3. Do	any creditors have nonpriority unsec	ured claims against you?		
	$oldsymbol{I}$ No. You have nothing to report in this pa	art. Submit this form to the court with	your other schedules.	
	Yes.			
un tha	secured claim, list the creditor separately	for each claim. For each claim listed	e creditor who holds each claim. If a creditor has mor, identify what type of claim it is. Do not list claims alreac have more than three nonpriority unsecured claims fill out	dy included in Part 1. If more
				Total claim
4.1	Beth Parker, Attorney	Last 4 digits of acco	ount number	\$3,945.72
	Nonpriority Creditor's Name	NAII		
	100 W 22nd Street Suite 150 Lombard, IL 60148	When was the debt	incurred?	
	Number Street City State Zlp Code	As of the date you f	ile, the claim is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and ano	_ '	ITY unsecured claim:	
	☐ Check if this claim is for a comm			
	debt	☐ Obligations arisin	g out of a separation agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority clair		
	No	·	or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	Legal fees	

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Debtor 1 Jasmine Castro Case number (if know) 4.2 \$309.00 Cfs Aurora Last 4 digits of account number 1201 Nonpriority Creditor's Name Opened 3/18/10 Last Active 1598 Farnsworth Av When was the debt incurred? 8/17/10 Aurora, IL 60505 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No **Household Goods And Other Collateral** ☐ Yes Other. Specify Auto 4.3 Comcast Last 4 digits of account number 6847 \$127.92 Nonpriority Creditor's Name PO Box 3001 When was the debt incurred? Southeastern, PA 19398-3001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes services Other. Specify 4.4 \$439.38 ComEd Last 4 digits of account number 1045 Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? Carol Stream, IL 60197-6111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify services

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Debtor 1 Jasmine Castro Case number (if know) 4.5 \$309.00 **Consumer Financial Svc** Last 4 digits of account number 1201 Nonpriority Creditor's Name Opened 3/01/10 Last Active 10431 Us Highway 19 When was the debt incurred? 8/17/10 Port Richey, FL 34668 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Household Goods And Other Collateral ☐ Yes Other. Specify Auto 4.6 **Convergent Outsoucing, Inc** Last 4 digits of account number 0285 \$166.00 Nonpriority Creditor's Name Po Box 9004 When was the debt incurred? Opened 7/01/14 Renton, WA 98057 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Comcast ☐ Yes 4.7 **Credit Collection Service** \$375.00 Last 4 digits of account number 5436 Nonpriority Creditor's Name Po Box 773 When was the debt incurred? Needham, MA 02494 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts 10 Commonwealth Edison ☐ Yes Other. Specify

Document Page 21 of 58 Debtor 1 Jasmine Castro Case number (if know) 4.8 \$615.00 **Dupage Medical Group** Last 4 digits of account number 4546 Nonpriority Creditor's Name in c/oNationwide Credit & Collectio When was the debt incurred? PO Box 3219 Hinsdale, IL 60522-3219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical care ☐ Yes **Dypage Medical Group** Last 4 digits of account number 4.9 4546 \$2,056.00 Nonpriority Creditor's Name in c/o Nationwide Credit When was the debt incurred? PO Box 3219 Hinsdale, IL 60522-3219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical care ☐ Yes 4.1 **ERC/Enhanced Recovery Corp** \$2.010.00 5764 Last 4 digits of account number Nonpriority Creditor's Name 8014 Bayberry Rd When was the debt incurred? Opened 11/01/14 Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Tmobile

Document Page 22 of 58 Debtor 1 Jasmine Castro Case number (if know) 4.1 Fair Collections & Outsourcing 4131 \$3,653.00 Last 4 digits of account number Nonpriority Creditor's Name 12304 Baltimore Ave Suite E When was the debt incurred? Opened 12/01/10 Beltsville, MD 20705 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Legacy At Fox Valley ☐ Yes 4.1 Fifth Third Bank 2986 \$400.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 5/01/14 Last Active Attn: Bankruptcy When was the debt incurred? 3/24/16 1850 East Paris Ave, Se Grand Rapds, MI 49546 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Line Secured ☐ Yes 4.1 First Premier Bank 6559 \$298.00 3 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/01/16 Last Active 601 S Minneapolis Ave When was the debt incurred? 4/18/16 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 Jasmine Castro Case number (if know) 4.1 \$306.00 **Illinois Collection Se** 4420 Last 4 digits of account number Nonpriority Creditor's Name 8231 185th St Ste 100 When was the debt incurred? Opened 1/01/14 Tinley Park, IL 60487 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Pff Emergency ☐ Yes Other. Specify Physicians 4.1 **Laboratory Physicians LLC** 5550 \$247.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 10200 Chicago, IL 60612-0200 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes medical care Other. Specify Med Business Bureau 8139 \$875.00 Last 4 digits of account number Nonpriority Creditor's Name 1460 Renaissance Dr When was the debt incurred? Opened 8/01/15 Suite 400 Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Med1 02 Dupage Valley

☐ Yes

■ Other. Specify Anes Ltd

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Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Central Dupage** Other. Specify Hospital ☐ Yes

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Case number (if know)

Debtor 1 Jasmine Castro 4.2 **Merchants Credit** 2346 \$548.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 223 W Jackson Blvd Opened 5/01/12 When was the debt incurred? Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Central Dupage** Other. Specify ☐ Yes Hospital 4.2 Nationwide Credit & Coll 6962 \$8.998.00 Last 4 digits of account number Nonpriority Creditor's Name Attn Collections/Bankruptcy When was the debt incurred? Opened 5/01/15 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other Specify Collection Attorney Dmg Surgical Center 4.2 Nationwide Credit & Coll 0614 \$306.00 Last 4 digits of account number Nonpriority Creditor's Name Attn Collections/Bankruptcy When was the debt incurred? Opened 7/01/14 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Collection Attorney Dupage Medical Group** Other. Specify

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Case number (if know) Debtor 1 Jasmine Castro 4.2 **Nationwide Credit & Coll** 4948 \$265.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 10/01/15 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes 4.2 Nationwide Credit & Coll 3447 \$235.00 Last 4 digits of account number Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 8/01/14 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes 4.2 **Nationwide Credit & Coll** 2277 \$157.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Attn Collections/Bankruptcy When was the debt incurred? Opened 1/01/15 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes

Official Form 106 E/F

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Case number (if know)

Debtor 1 Jasmine Castro 4.2 **Nationwide Credit & Coll** 4950 \$121.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 10/01/15 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes 4.2 Nationwide Credit & Coll 4947 \$121.00 Last 4 digits of account number Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 10/01/15 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes 4.2 **Nationwide Credit & Coll** 3448 \$94.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attn Collections/Bankruptcy When was the debt incurred? Opened 8/01/14 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes

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Case number (if know) Debtor 1 Jasmine Castro 4.2 **Nationwide Credit & Coll** 6963 \$58.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 5/01/15 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Dmg Surgical Center ☐ Yes 4.3 Nationwide Credit & Coll 4949 \$54.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 10/01/15 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes 4.3 **Nationwide Credit & Coll** 3446 \$54.00 Last 4 digits of account number Nonpriority Creditor's Name Attn Collections/Bankruptcy When was the debt incurred? Opened 8/01/14 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Collection Attorney Dupage Medical Group

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Case number (if know) Debtor 1 Jasmine Castro 4.3 **Nationwide Credit & Coll** 2276 \$54.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 1/01/15 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes 4.3 Nationwide Credit & Coll 4946 \$54.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn Collections/Bankruptcy Opened 10/01/15 When was the debt incurred? 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dupage Medical Group ☐ Yes 4.3 **Nicor Gas** 3122 \$422.17 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 5407 Carol Stream, IL 60197-5070 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify services

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Debtor 1 Jasmine Castro Case number (if know) 4.3 Southwest Credit Systems 1943 \$86.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 4120 International Parkway Opened 6/01/13 When was the debt incurred? **Suite 1100** Carrollton, TX 75007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Comcast ☐ Yes 4.3 State Collection Service 1646 \$4,054.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Po Box 6250 Opened 10/01/11 When was the debt incurred? Madison, WI 53716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Delnor Community** ☐ Yes Other. Specify Hospital 4.3 State Collection Service 1659 \$1,422.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 6250 When was the debt incurred? Opened 10/01/11 Madison, WI 53716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Delnor Community**

☐ Yes

Hospital

Other. Specify

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1 Jasmine Castro		Case number (if know)	
State Collection Service	Last 4 digits of account number	3402	\$134.00
Nonpriority Creditor's Name Po Box 6250	When was the debt incurred?	Opened 1/01/12	
Madison, WI 53716 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
□ Yes	Other. Specify Collection	Attorney Tri-City Radiology Sc	
STATE OF ILLINOIS DEPARTMENT	Last 4 digits of account number	7052	\$3,150.00
EMPLOY Nonpriority Creditor's Name	Last 4 digits of account number		ψο, ισσ.σσ
PO Box 4385	When was the debt incurred?	2014-2015	
Chicago, IL 60680-4385 Tumber Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	7.6 07 4.10 44.10 704 11.10, 4.10 0.44.11	io. Onook all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing		
□Yes		ment insurance benefits for the ng 07/05/2014 and with the week 22/2014.	
Total Finance AC	Last 4 digits of account number	3002	\$21,837.20
Nonpriority Creditor's Name 3015 W. Irving Park Rd Chicago, IL 60618	When was the debt incurred?	Opened 8/29/15 Last Active 3/14/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure		
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sep	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Automobil	e was repossed 5/28/2016	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Jasmine Castro

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	01	On the Advance	01		Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	·	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	63,683.39
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	63,683.39

		DUGIIIIE	III FAUE 33 UI 30				
Fill in this information to identify your case:							
Debtor 1	Jasmine Castro						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS				
Case number							
(if known)							

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
					_
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Olalo	211 0000	
	Name				
	Number	Street			_
					_
	City		State	ZIP Code	
2.4					<u> </u>
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
	Oity		State	ZIF COUE	

		Docume	ent Page 34 d	ot 58	
Fill in this	information to identify your	case:			
Debtor 1	Jaamina Caatra				
Debioi i	Jasmine Castro First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Offica Ota	neo Barini aptoy Court for the.		OI ILLIITOIO		
Case num	ber				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
					ate as possible. If two married
our name	and case number (if known)	. Answer every question			p of any Additional Pages, write
	,	,			
No					
☐ Yes	3				
Arizon _	hin the last 8 years, have you na, California, Idaho, Louisiana				
☐ Yes	s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
		, 0 1	,		
in line Form out Co	e 2 again as a codebtor only i 106D), Schedule E/F (Officia olumn 2.	f that person is a guaran	tor or cosigner. Make	sure you have listed t 06G). Use Schedule D,	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Check all schedule	editor to whom you owe the debt es that apply:
				—	
3.1	Name			Schedule D, lir	
	Ivanie			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street				
	City	State	ZIP Code		
3.2				Schedule D, lin	
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
-	Number Street			_	
	City	State	ZIP Code		

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							•				
	in this information to the stor 1	to identify your ca									
	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	otcy Court for the	NORTHERN DISTRIC	CT OF ILLINOIS							
_	se number nown)						□ A		ed filing ent showin	g postpetition	
0	fficial Form	1061					N	1M / DD/ \	YYYY	-	
S	chedule I:	Your Inco	ome					, 22,			12/1
spo atta Pa	use. If you are segoch a separate she	parated and you let to this form. (be Employment	are married and not filir r spouse is not filing wi On the top of any additi	th you, do not inclu	ide infor	mati	on about	your sp	ouse. If mo	ore space is	needed,
1.	Fill in your empl information.	loyment		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more attach a separate	ate page with	Employment status	■ Employed				☐ Employed			
	information about a employers.			☐ Not employed	. ,			☐ Not employed			
	Include part-time	. seasonal. or	Occupation	receptionist							
	self-employed wo		Employer's name	Vp Dental LLC 956 N Neltnor #316 West Chicago, IL 60185							
	Occupation may or homemaker, if		Employer's address								
			How long employed to	here? 3 mont	hs			_			
Pa	rt 2: Give De	tails About Mor	thly Income								
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing
-	ou or your non-filing e space, attach a s	•	ore than one employer, co	ombine the informatio	n for all	empl	oyers for	that perso	on on the li	nes below. If	you need
							For Del	otor 1		btor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	3	,108.24	\$	N/A	
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	3,10	08.24	\$	N/A	

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Deb	tor 1	Jasmine Castro	-	С	ase	number (if known)				
					For	Debtor 1	For Debtor 2 or non-filing spouse			
	Cop	by line 4 here	4.	_	\$_	3,108.24	\$		N/A	<u> </u>
5.	List	all payroll deductions:								
0.	5a.	Tax, Medicare, and Social Security deductions	5a	ı	\$	794.48	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		<u> </u>	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$_	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d	l.	\$_	0.00	\$		N/A	_
	5e.	Insurance	5e	٠.	\$_	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$_	0.00	\$		N/A	_
	5g.	Union dues	5g		\$_	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h	.+	\$	0.00	+ \$		N/A	<u>. </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$_	794.48	\$		N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$_	2,313.76	\$		N/A	<u>. </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı .	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b	١.	\$_	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$	825.32	\$		N/A	
	8d.	Unemployment compensation	8d	l.	\$_	0.00	\$		N/A	_
	8e.	Social Security	8e	٠.	\$	0.00	\$		N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$_ \$	0.00	\$		N/A N/A	_
	8h.	Other monthly income. Specify: Food stamps	8h		$\mathring{\$}^-$	607.00	· —		N/A	_
		, <u></u>	_				Ė			_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		1,432.32	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,746.08 + \$		N/A	= \$	3,746.08
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		3,740.00 · ⁴		IVA		3,740.00
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe			•	•		e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	3,746.08
13.	Do	you expect an increase or decrease within the year after you file this form?						!	ned ly income	
		No.								
		Voc Explain:								

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Fill	in this information	tion to identify yo	our case:			1			
	otor 1	Jasmine Cas				Ch	neck if th	ie ie:	
Deb	noi i	Jasmine Cas	Stro					mended filing	
	otor 2								ving postpetition chapter
(Spo	ouse, if filing)						13 ex	penses as of	the following date:
Unit	ted States Bankr	uptcy Court for the	NORTH	IERN DISTRICT OF ILLII	NOIS		MM /	DD / YYYY	
1	se number								
(If k	nown)								
O.	fficial Fo	rm 106J							
S	chedule	J: Your l	Exper	ises					12/1
Be info nur	as complete a ormation. If m mber (if know	and accurate as ore space is ne n). Answer ever	possible. eded, atta y questio	If two married people a ch another sheet to this					
Par 1.	Is this a join	ibe Your House it case?	enold						
	■ No. Go to								
	_		in a separ	ate household?					
	□ No	0							
	□ Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of De	ebtor 2.		
2.	Do you have	e dependents?	□ No						
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			ependent's ge	Does dependent live with you?
	Do not state	the							□ No
	dependents				Daughter		5	mo	Yes
					04				□ No
					Stepson		4		Yes
					Son		9		□ No ■ Yes
									■ Yes □ No
									☐ Yes
3.	expenses of	enses include f people other ti d your depende	han $_{f \Box}$	No Yes					
Est	imate your ex		our bankrı	uptcy filing date unless					apter 13 case to report f the form and fill in the
the		n assistance and		government assistance luded it on <i>Schedule I:</i>				Your exp	enses
4.		r home owners		ses for your residence. r lot.	Include first mortgag	e 4.	\$		1,150.00
	If not includ	ed in line 4:							
	4a. Real e	state taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·		0.00
		•		ıpkeep expenses		4c.	\$		100.00
_		owner's associat				4d.			0.00
5.	Additional n	nortgage payme	ents for vo	our residence , such as h	ome equity loans	5.	\$		0.00

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ebtor 1	Jasmine Castro	Case num	ber (if known)	
. Utilit	tios:			
. Otilii 6a.	Electricity, heat, natural gas	6a.	\$	116.00
6b.	Water, sewer, garbage collection	6b.	· -	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	· .	190.00
6d.		6d.	·	
	Other. Specify:		·	0.00
	d and housekeeping supplies	7.	· .	875.00
_	dcare and children's education costs	8.	\$	475.00
	hing, laundry, and dry cleaning	9.	\$	275.00
	sonal care products and services	10.	\$	100.00
l. Med	lical and dental expenses	11.	\$	100.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	100.00
	1 7	13.	·	200.00
	ertainment, clubs, recreation, newspapers, magazines, and books		· ·	200.00
	ritable contributions and religious donations	14.	—	0.00
5. Insu				
	not include insurance deducted from your pay or included in lines 4 or 20.	150	¢	0.00
	Life insurance	15a.	·	0.00
	Health insurance	15b.	· -	0.00
	Vehicle insurance	15c.		0.00
	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec	·	16.	\$	0.00
	allment or lease payments:			
	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as	S	· -	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec	cify:	19.		
). Othe	er real property expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Yo	ur Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	· -	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20a. 20e.		
			*	0.00
. Othe	er: Specify:	21.	+\$	0.00
2. Calc	culate your monthly expenses			
	Add lines 4 through 21.		\$	3,681.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,001.00
			·	0.001.00
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,681.00
3. Calc	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,746.08
	Copy your monthly expenses from line 22c above.	23b.	· .	3,681.00
۷۵۵.	Copy your monthly expenses from the 220 above.	200.		3,001.00
230	Subtract your monthly expenses from your monthly income.			
230.	The result is your <i>monthly net income</i> .	23c.	\$	65.08
	The result to your monthly not income.			
4. Do v	ou expect an increase or decrease in your expenses within the year after y	ou file this	form?	
	example, do you expect to finish paying for your car loan within the year or do you expect you			e or decrease because o
1 01 6				
	fication to the terms of your mortgage?			
	, , ,			

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Fill in this infor	mation to identify your	case:			
Debtor 1	Jasmine Castro				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Form		ın Individual	Debtor's S	Schedules	12/15
If two married p	eople are filing togethe	r, both are equally respo	nsible for supplying	correct information.	
obtaining mone		n connection with a bank			ement, concealing property, or 00, or imprisonment for up to 20
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill o	ut bankruptcy forms?	
■ No					
☐ Yes.	Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules	filed with this declarati	on and
X /s/ .las	smine Castro		Х		
Jasmi	ne Castro ure of Debtor 1			e of Debtor 2	

Date _____

Date February 28, 2017

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	otor 1	nation to identify you	r case:			
Der	OLOT 1	Jasmine Castro First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
	-	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
		aptoy countries uner				
(if kn	se number own)				-	Check if this is an amended filing
	ficial Fo		Affairs for Individ	duals Filing for B	ankruptcy	4/10
infoi num	rmation. If m	ore space is needed, n). Answer every que	attach a separate sheet to stion.	this form. On the top of any	equally responsible for sup y additional pages, write yo	
Par			rital Status and Where You	Lived Before		
1.	wnat is your	current marital statu	IS?			
	■ Married■ Not mar	ried				
2			lived enverbage other than	where you live new?		
2.	During the is	ast 3 years, nave you	lived anywhere other than	where you live now?		
	□ No ■ Vos Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	,	
		, ,	ŕ	,		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	2 S 670 Rt Warrenvill	. 59 #E1 e, IL 60555	From-To: 2014-2016	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
	es and territori	es include Arizona, Ca		vada, New Mexico, Puerto R	ity property state or territor ico, Texas, Washington and V	
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part		ndar years?
	□ No ■ Yes Fill	in the details.				
	- 163.1111	in the details.	D 1		D.L.	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,091.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incom Check all that appl	
	last caler nuary 1 to	ndar year: December	31, 2016)	■ Wages, commissions, bonuses, tips	\$17,810.00	☐ Wages, commis bonuses, tips	ssions,
				☐ Operating a business		☐ Operating a bus	siness
		dar year be December		■ Wages, commissions, bonuses, tips	\$52,748.00	☐ Wages, commis bonuses, tips	ssions,
				☐ Operating a business		☐ Operating a bus	siness
5.	Include in and other winnings. List each	come regard public bene If you are fil source and	dless of wheth fit payments; ing a joint cas the gross inco		amples of other income are a rest; dividends; money collec- you received together, list it of	ted from lawsuits; roy only once under Debto	
	⊔ Yes.	Fill in the de	etails.				
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of incom Describe below.	Gross income (before deductions and exclusions)
Pai	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for	Bankruptcy		
6.	Are eithe ☐ No.	Neither Dindividual During the No. Yes	ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below 6 paid that cr not include	personal, family, or househole ore you filed for bankruptcy, di c. each creditor to whom you pai	Imer debts. Consumer debtald purpose." d you pay any creditor a total d a total of \$6,425* or more into the for domestic support obligations bankruptcy case.	I of \$6,425* or more? n one or more payme lations, such as child	ents and the total amount you support and alimony. Also, do
	Yes.			or both have primarily consure you filed for bankruptcy, di		I of \$600 or more?	
		■ No.	Go to line 7				
		□ _{Yes}	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.			u paid that creditor. Do not o, do not include payments to ar
	Creditor	's Name an	d Address	Dates of payme	nt Total amount	Amount you V	Vas this payment for

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7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 17 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	l partner; corporations gent, including one for
	■ No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
3.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi		nents or transfer a	iny property on a	ccount of a de	ebt that benefited an
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pai	rt 4: Identify Legal Actions, Repossession	s and Foreclosures				
	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title Case number					or custody
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		rty repossessed, fo	oreclosed, garnis	hed, attached	l, seized, or levied?
	□ No. Go to line 11.■ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				p p
	Total Finance AC, LLC 3015 W Irving Park Road Chicago, IL 60618	■ Property was reposses □ Property was forecloses □ Property was garnishes	ed.	05/28	8/2016	\$21,837.20
		☐ Property was attached	l, seized or levied.			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.		uding a bank or fin	nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date :	action was	Amount
	100000000000000000000000000000000000000			taken		
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an		rty in the possessi	ion of an assigne	e for the bene	fit of creditors, a
	■ No					

☐ Yes

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Case number (if known) Document Debtor 1 Jasmine Castro

Par	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	cy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	■ No	cy, did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or cont Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptc or gambling? ■ No □ Yes. Fill in the details.	y or since you filed for bankruptcy, did you lose any	thing because of the	it, fire, other disaster,
	how the loss occurred Inc	scribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pre	y, did you or anyone else acting on your behalf pay paring a bankruptcy petition? arers, or credit counseling agencies for services require		rty to anyone you
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	James M Allen 800 E Northwest Highway #700 Palatine, IL 60074 jamesallen@jamesallenattorney.com	legal fees	2-13-2017	\$1,000.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you		or transfer any prope	rty to anyone who
	■ No			
	Yes. Fill in the details. Person Who Was Paid	Description and value of any property	Date payment	Amount of
	Address	transferred	or transfer was made	payment

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Debtor 1 **Jasmine Castro**

 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than p transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 						
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr		paymer	e any property or its received or debts exchange	Date transfer was made
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prod No ☐ Yes. Fill in the details.	trust or similar device o	of which you are a			
	Name of trust	Description and v	alue of the prope	erty transfe	erred	Date Transfer was made
	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc	, were any financial acc	counts or instrun	nents held		, ,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	1	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe cash, or other valuables?No			safe depo	sit box or other deposi	itory for securities,	
	Yes. Fill in the details. Name of Financial Institution	Who else had acc	ess to it?	ascriba th	ne contents	Do you still
	Address (Number, Street, City, State and ZIP Code)	Address (Number, State and ZIP Code)		escribe ti	ie contents	have it?
22.	Have you stored property in a storage unit o	r place other than your	home within 1 ye	ear before	you filed for bankrupto	:y?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)	-	escribe th	e contents	Do you still have it?
Par	rt 9: Identify Property You Hold or Control f	for Someone Else				
23.	for someone.	neone else owns? Inclu	ide any property	you borro	wed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe th	ne property	Value
Par	rt 10: Give Details About Environmental Info	,				
For	the purpose of Part 10, the following definition	ons apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5

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Debtor 1 **Jasmine Castro**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	hazardous material, pollutant, contaminant, or similar term.							
rt a	II notices, releases, and proceedings that	it you know about, regardless of wher	the	ey occurred.				
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
	No							
	Yes. Fill in the details.							
		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
Hav	e you notified any governmental unit of	any release of hazardous material?						
	No Yes. Fill in the details.							
		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
Hav	e you been a party in any judicial or adm	inistrative proceeding under any envi	ronn	mental law? Include settlements a	nd orders.			
	No Yes. Fill in the details.							
-		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case			
11:	Give Details About Your Business or 0	Connections to Any Business						
With	nin 4 years before you filed for bankrupt	cy, did you own a business or have an	y of	the following connections to any	business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability comp	any (LLC) or limited liability partnersh	ip (L	LP)				
☐ A partner in a partnership								
☐ An officer, director, or managing executive of a corporation								
· · · · · · · · · · · · · · · · · · ·								
_								
	Yes. Check all that apply above and fill	in the details below for each business	S.					
		Describe the nature of the business						
		Name of accountant or bookkeeper			iumber of friiv.			
		cy, did you give a financial statement t	to an		de all financial			
	No							
	Yes. Fill in the details below.							
Ad	dress	Date Issued						
	Has Nad Hav Sad Hav Sad Hav Sad Hav Sad Hav Sad Nad Hav Sad Nad Hav Sad Nad Hav Sad Nad Nad Nad Nad Nad	Has any governmental unit notified you that No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of a No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or adm No Yes. Fill in the details. Case Title Case Number 11: Give Details About Your Business or Company of the State Stat	Has any governmental unit notified you that you may be liable or potentially liable No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any envious Proceeding Under Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business Name Address (Number, Street, City, State and ZIP Code) No None of the above applies. Go to Part 12. Proceeding Proceeding Under	No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Court or agency Name Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Court or agency Name Address (Number, Street, City, State and ZIP Code) It Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of A sole proprietor or self-employed in a trade, profession, or other activity, eith A member of a limited liability company (LLC) or limited liability partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued	No Ves. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Ves. Fill in the details. Rame of site Address (Number, Street, City, State and ZIP Code) No Ves. Fill in the details. Rame of site Address (Number, Street, City, State and ZIP Code) No Ves. Fill in the details. Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Ves. Fill in the details. Case Title Case Number No Ves. Fill in the details. Case Title Case Number No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No None of the above applies. Go to Part 12. Ves. Check all that apply above and fill in the details below for each business. Name of accountant or bookkeeper Name of accountant or bookkeeper Name of accountant or bookkeeper Dates business Name Address (Number, Street, City, State and ZIP Code) No No Ves. Fill in the details below. Name Date Issued			

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 17-06003 Doc 1 Filed 02/28/17 Entered 02/28/17 17:53:45 Page 46 of 58 Case number (if known) Document

Debtor 1 Jasmine Castro

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jasmine Castro Signature of Debtor 2 **Jasmine Castro** Signature of Debtor 1 Date February 28, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this infor	•				
Debtor 1	Jasmine Castro				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if the amended	
Official Fo	orm 108				
			ıals Filing Under (

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

you have leased personal property and the lease has not expired.

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1	Jasmine Castro	Case number (if known)	
name:	ption of	☐ Retain the property and redeem it. ☐ Retain the property and enter into a	☐ Yes
		Reaffirmation Agreement.	
proper	ng debt:	☐ Retain the property and [explain]:	
occum	ig dobt.		-
Part 2:	List Your Unexpired Personal Prope	prity London	
For any u in the info	nexpired personal property lease tha ormation below. Do not list real estate	at you listed in Schedule G: Executory Contracts and Unexpired e leases. Unexpired leases are leases that are still in effect; the erty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended.
Describe	your unexpired personal property le	eases	Will the lease be assumed?
Lessor's	nama.		П м.
	on of leased		□ No
Property:			☐ Yes
Lessor's	name:		□ No
	on of leased		
Property:			☐ Yes
Lessor's	name:		□ No
	on of leased		
Property:			☐ Yes
Lessor's			□ No
Property:	on of leased		☐ Yes
Lessor's	name:		□ No
Description	on of leased		2 110
Property:			☐ Yes
Lessor's	name: on of leased		□ No
Property:			☐ Yes
Lessor's	name:		□ No
Description Property:	on of leased		☐ Yes
, ,			L Tes
Part 3:	Sign Below		
	nalty of perjury, I declare that I have i that is subject to an unexpired lease.	indicated my intention about any property of my estate that sec	cures a debt and any personal
χ /s/ .	Jasmine Castro	X	
Jas	mine Castro	Signature of Debtor 2	
Sign	nature of Debtor 1		
Date	February 28. 2017	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing tee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-06003 Doc 1 Filed 02/28/17 Entered 02/28/17 17:53:45 Desc Main Document Page 53 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Jasmine Castro		Case N	Vo	
		Debtor(s)	Chapte	7	
	DISCLOSURE OF COM	PENSATION OF ATTO	RNEY FOR	DEBTOR(S)	
C	tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the e rendered on behalf of the debtor(s) in contemplati	filing of the petition in bankruptcy	, or agreed to be p	oaid to me, for services r	endered or to
	For legal services, I have agreed to accept		\$	1,000.00	
	Prior to the filing of this statement I have receive			1,000.00	
	Balance Due		\$	0.00	
2. \$	335.00 of the filing fee has been paid.				
3. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	I have not agreed to share the above-disclosed co	ompensation with any other person	n unless they are n	nembers and associates of	of my law firm.
[☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the				law firm. A
6. I	n return for the above-disclosed fee, I have agreed t	to render legal service for all aspec	cts of the bankrupt	cy case, including:	
b. c.	 Analysis of the debtor's financial situation, and repreparation and filing of any petition, schedules, Representation of the debtor at the meeting of crees. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applications of the provisions of	statement of affairs and plan whice ditors and confirmation hearing, a to reduce to market value; ex ations as needed; preparation	th may be required and any adjourned semption planni	; hearings thereof; ng; preparation and	filing of
7. B	by agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.	d fee does not include the following dischargeability actions, jud	ig service: licial lien avoida	ances, relief from sta	y actions or
		CERTIFICATION			
	certify that the foregoing is a complete statement of inkruptcy proceeding.	f any agreement or arrangement for	or payment to me f	or representation of the	debtor(s) in
Fe	ebruary 28, 2017	/s/ James M. Allo	en		
Da	•	James M. Allen Signature of Attorn James M. Allen 800 East Northw Suite 700 Palatine, IL 6007 847-359-4446 F JamesAttyAllen	6182652 rest Highway r4 ax: 847-359-680		
		Name of law firm	espedionai'ilei		

United States Bankruptcy Court Northern District of Illinois

In re	Jasmine Castro		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR M	MATRIX	
		Number of	f Creditors:	40
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	tors is true and correct to t	he best of my
Date:	February 28, 2017	/s/ Jasmine Castro Jasmine Castro Signature of Debtor		

Beth Parker, Attorney 100 W 22nd Street Suite 150 Lombard, IL 60148

Cfs Aurora 1598 Farnsworth Av Aurora, IL 60505

Comcast PO Box 3001 Southeastern, PA 19398-3001

ComEd PO Box 6111 Carol Stream, IL 60197-6111

Consumer Financial Svc 10431 Us Highway 19 Port Richey, FL 34668

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Credit Collection Service Po Box 773 Needham, MA 02494

Dupage Medical Group in c/oNationwide Credit & Collectio PO Box 3219 Hinsdale, IL 60522-3219

Dypage Medical Group in c/o Nationwide Credit PO Box 3219 Hinsdale, IL 60522-3219

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Fair Collections & Outsourcing 12304 Baltimore Ave Suite E Beltsville, MD 20705

Fifth Third Bank Attn: Bankruptcy 1850 East Paris Ave, Se Grand Rapds, MI 49546

First Premier Bank 601 S Minneapolis Ave Sioux Falls, SD 57104

Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487

Laboratory Physicians LLC PO Box 10200 Chicago, IL 60612-0200

Med Business Bureau 1460 Renaissance Dr Suite 400 Park Ridge, IL 60068

Med Business Bureau 1460 Renaissance Dr Suite 400 Park Ridge, IL 60068

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Nationwide Credit & Coll Attn Collections/Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Nationwide Credit & Coll Attn Collections/Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523

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Nationwide Credit & Coll Attn Collections/Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523

Nicor Gas PO Box 5407 Carol Stream, IL 60197-5070

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

State Collection Service Po Box 6250 Madison, WI 53716

State Collection Service Po Box 6250 Madison, WI 53716

State Collection Service Po Box 6250 Madison, WI 53716

STATE OF ILLINOIS DEPARTMENT EMPLOY PO Box 4385 Chicago, IL 60680-4385

Total Finance AC 3015 W. Irving Park Rd Chicago, IL 60618